

2017 Individual SADP Plans

	57601NH0420004		87701NH0070001	87701NH0090001	57601NH0420005		57601NH0420003		87701NH0080001	87701NH0100001
Insurance Company	Anthem		Delta Dental	Delta Dental	Anthem		Anthem		Delta Dental	Delta Dental
Plan Name	Anthem Dental Family Enhanced		Delta Dental Family High	Delta Dental Pediatric High Plan	Anthem Dental Family Value		Anthem Dental Family		Delta Dental Family Low	Delta Dental Pediatric Low Plan
Metal Level	High		High	High	Low		Low		Low	Low
Plan Documents & Links	Dental Complete Plan Brochure		Delta Dental PPO Plan Brochure	Delta Dental PPO Plan Brochure	Dental Complete Plan Brochure		Dental Complete Plan Brochure		Delta Dental PPO Plan Brochure	Delta Dental PPO Plan Brochure
Network Coverage	In Network	Out of Network	In Network and Out of Network	In Network and Out of Network	In Network	Out of Network	In Network	Out of Network	In Network and Out of Network	In Network and Out of Network
Deductible- Individual/Family	\$25 per person per group not applicable	\$25 per person per group not applicable	\$50 per person per group not applicable	\$50 per person per group not applicable	\$50 per person per group not applicable	\$25 per person per group not applicable	\$50 per person per group not applicable	\$25 per person per group not applicable	\$150 per person per group not applicable	\$150 per person per group not applicable
Max Out of Pocket- Individual/Family	\$350 per person \$700 per group	per person not applicable per group not applicable	\$350 per person \$700 per group	\$350 per person \$700 per group	\$350 per person \$700 per group	per person not applicable per group not applicable	\$350 per person \$700 per group	per person not applicable per group not applicable	\$350 per person \$700 per group	\$350 per person \$700 per group
Dental Check-Up for Children	No Charge after deductible	20% Coinsurance after deductible	\$15	\$15	No Charge after deductible	30% Coinsurance after deductible	No Charge after deductible	30% Coinsurance after deductible	\$30	\$30
Basic Dental Care - Child	20% Coinsurance after deductible	40% Coinsurance after deductible	\$15 Copay and 20% Coinsurance after deductible	\$15 Copay and 20% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible
Orthodontia - Child	50% Coinsurance after deductible	50% Coinsurance after deductible	50%	50%	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50%	50%
Major Dental Care - Child	50% Coinsurance after deductible	50% Coinsurance after deductible	\$15 Copay and 50% Coinsurance after deductible	\$15 Copay and 50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	\$30 Copay and 50% Coinsurance after deductible	\$30 Copay and 50% Coinsurance after deductible
Routine Dental Services - Adult	No Charge after deductible	50% Coinsurance after deductible	\$15	Not Covered	No Charge after deductible	50% Coinsurance after deductible	No Charge after deductible	50% Coinsurance after deductible	\$30	Not Covered
Basic Dental Care - Adult	20% Coinsurance after deductible	60% Coinsurance after deductible	\$15 Copay and 20% Coinsurance after deductible	Not Covered	50% Coinsurance after deductible	75% Coinsurance after deductible	50% Coinsurance after deductible	75% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible	Not Covered
Orthodontia - Adult	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Major Dental Care - Adult	50% Coinsurance after deductible	75% Coinsurance after deductible	\$15 Copay and 50% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	70% Coinsurance after deductible	85% Coinsurance after deductible	\$30 Copay and 50% Coinsurance after deductible	Not Covered

Plan details are contained in the plan documents linked on this plan compare, please consult these for full benefit explanations and limitations